



Twin Cities Metro Area

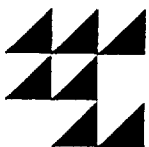
Establishment Survey

Methodology and Results

Prepared for:

**Metropolitan Council
Minnesota Department of Transportation
Regional Transit Board
Transportation Advisory Board**

June 1993



METROPOLITAN COUNCIL
*Mears Park Centre, 230 East Fifth Street
St. Paul, Minnesota 55101*

*For more information about
this report, call the Metropolitan
Council's Transportation
Division at 291-6308.*

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Metropolitan Council
Minnesota Department of Transportation
Regional Transit Board
Transportation Advisory Board



**METROPOLITAN COUNCIL
EMPLOYEE TRAVEL RECORD**
Establishment Survey
1990 Travel Behavior Inventory
— All data is confidential —

Number: _____

1. Please enter the time you arrived at your work place today:

____:____ (Circle whether this is A.M. or P.M.)

2. Please enter the time you will leave your work place today:

____:____ (Circle whether this is A.M. or P.M.)

3. Which one of the following describes how you traveled to work today? (Circle only one number.)

1 I drove a car, van, pick-up]
2 I rode in a car, van, pick-up]

⇒ How many people were
in the vehicle, including
yourself? _____ people

3 I rode a bus ⇒ How did you get to where you first got
on the bus? (Circle one)

- 1 I drove a car, van, pick-up
2 I rode in a car, van, pick-up
3 I walked or rode a bicycle
4 Other (specify _____)

4 I walked or rode a bicycle

5 Other (specify _____)

4. How much do you pay to park while at work? (Circle whether this is hourly, monthly, or daily. If you don't pay for parking, write in 0)

\$ _____ Hourly, or

\$ _____ Daily, or

\$ _____ Weekly, or

\$ _____ Monthly

5. Did you make any stops on your way from home to work today?

1 No, I went directly to work

2 Yes, I picked up or dropped off a passenger(s)

3 Yes, I made other stops

6. After arriving at work today, did you go anywhere else using a motor vehicle during work hours? (Circle one)

1 Yes

2 No ⇒ (Please skip to Question 9)

Please continue on back page!

For each trip you made during work hours today, please answer the following questions. By "trip", we mean using a motorized vehicle to travel at least one city block. Be sure to count each place you stop as one trip. (Please circle your answer.)

1ST TRIP	2ND TRIP	3RD TRIP	4TH TRIP
PURPOSE	PURPOSE	PURPOSE	PURPOSE
1 Work Related	1 Work Related	1 Work Related	1 Work Related
2 Shopping/Eating	2 Shopping/Eating	2 Shopping/Eating	2 Shopping/Eating
3 School	3 School	3 School	3 School
4 Pick Up/Drop Off a Passenger	4 Pick Up/Drop Off a Passenger	4 Pick Up/Drop Off a Passenger	4 Pick Up/Drop Off a Passenger
5 Home	5 Home	5 Home	5 Home
6 Other	6 Other	6 Other	6 Other
↓	↓	↓	↓
MEANS OF TRAVEL	MEANS OF TRAVEL	MEANS OF TRAVEL	MEANS OF TRAVEL
1 Drove car, van	1 Drove car, van	1 Drove car, van	1 Drove car, van
2 Passenger in a car, van	2 Passenger in a car, van	2 Passenger in a car, van	2 Passenger in a car, van
3 Bus	3 Bus	3 Bus	3 Bus
4 Walk/Bicycle	4 Walk/Bicycle	4 Walk/Bicycle	4 Walk/Bicycle
5 Other	5 Other	5 Other	5 Other
↓	↓	↓	↓
AND THEN	AND THEN	AND THEN	AND THEN
1 Back to Work	1 Back to Work	1 Back to Work	1 Back to Work
2 To 2nd Trip	2 To 3rd Trip	2 To 4th Trip	2 To Next Trip

Did you make more trips than shown above?

1 No 2 Yes ⇒ How many more? _____

After leaving work today, will you make any stops on your way home?

- 1 No, I will go directly home
- 2 Yes I will pick up or drop off a passenger(s)
- 3 Yes, I will make other stops

10. How many vehicles are available for use by members of your household? (Including cars, vans, pick-ups, motorcycles.)

_____ vehicles

11. What is your home address?

Number and Street _____

City _____ State _____ Zip _____

12. Please indicate the total yearly income from all people who live in your household: (Circle one)

- 1 Less than \$7,500
- 2 Between \$7,500 and \$15,000
- 3 Between \$15,001 and \$25,000
- 4 Between \$25,001 and \$35,000
- 5 Between \$35,001 and \$45,000
- 6 Between \$45,001 and \$55,000
- 7 Between \$55,001 and \$75,000
- 8 Over \$75,000

THANK YOU!

Please return to designated person in your company



METROPOLITAN COUNCIL VISITOR TRAVEL RECORD

— All data is confidential —

Number: _____

Is this your regular place of employment?

1 No (Continue)

2 Yes

If you answered "Yes", please do not answer the remaining questions. Give the questionnaire back to the interviewer.

A. At what time did you arrive here today?

____:____ (Circle whether this is A.M or P.M.)

B. Please indicate the place where you were before you came here today: (Circle one)

1 Home 2 Work 3 Other place

C. How did you arrive here today? (Circle one)

1 I drove a car, van, pickup

2 I rode in a car, van, pickup



How many people were in the vehicle including yourself? _____ people

3 I rode a bus ⇒ How did you get to where you first got on the bus? (Circle one)

1 I drove a car, van, pickup

2 I rode in car, van, pick up as a passenger

3 I walked or rode a bicycle

4 Other (specify _____)

4 I walked or rode a bicycle

5 Other (specify _____)

D. Please indicate the main purpose of your trip here today: (Circle one)

1 I work here

2 Work-related business

3 To eat or shop

4 To school

5 To drop off or pick up someone

6 Other purpose (specify _____)

E. When you leave here, where are you going next? (Circle one)

1 Home

2 Return to work

3 Work-related business

4 To eat or shop

5 To school

6 To drop off or pick up someone

7 Other (specify _____)

F. How many vehicles are available for use by members of your household? (Including cars, vans, pick-ups, motorcycles.)

_____ vehicles

G. Is your permanent residence in the seven county Twin City metropolitan area?

1 Yes

2 No



METROPOLITAN COUNCIL

1990 TRAVEL BEHAVIOR INVENTORY

EMPLOYER QUESTIONNAIRE

Number: _____

— All data is confidential —

(To be completed by contact person on the company's travel day)

1. Approximately how many square feet of space does your company/organization occupy at this location?
 _____ square feet

2. How many shifts will your company/organization operate today? For each shift, please tell us when that shift starts, and when it ends. (PLEASE REMEMBER TO CIRCLE A.M. or P.M.)

First shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.
Second shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.
Third shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.

3. How many full-time and part-time persons does your company/organization regularly employ at this location?
 _____ full-time _____ part-time

4. How many full-time and part-time employees came to work today?
 _____ full-time came to work today
 _____ part-time came to work today

5. How many full-time and part-time employees will be at work today on each shift?

<u>First shift:</u>	Full-time employees at work _____	Part-time employees at work _____
<u>Second shift:</u>	Full-time employees at work _____	Part-time employees at work _____
<u>Third shift:</u>	Full-time employees at work _____	Part-time employees at work _____

6. How many truck deliveries were made to your company today? (Note: Count only those deliveries made at a loading dock or back entrance, not through the front entrance.) _____ deliveries

7. Do all of your employees at this location park free of charge?
 - 1 Yes
 - 2 No ⇒ What percentage of your employees pay the full parking rates? _____ %
 What percentage of your employees get reduced parking rates? _____ %

8. Do you have any incentives or programs to encourage carpooling among your employees at this site?
 - 1 Yes
 - 2 No

PLEASE PUT THIS QUESTIONNAIRE, ALONG WITH THE EMPLOYEE QUESTIONNAIRES AND VISITOR QUESTIONNAIRES, IN THE BOX PROVIDED



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Please continue on back page!

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- 8 Over \$75,000

THANK YOU!

Please return to designated person in your company



METROPOLITAN COUNCIL VISITOR TRAVEL RECORD

— All data is confidential —

Number: _____

Is this your regular place of employment?

1 No (Continue)

2 Yes

If you answered "Yes", please do not answer the remaining questions. Give the questionnaire back to the interviewer.

A. At what time did you arrive here today?

____:____ (Circle whether this is A.M or P.M.)

B. Please indicate the place where you were before you came here today: (Circle one)

1 Home 2 Work 3 Other place

C. How did you arrive here today? (Circle one)

1 I drove a car, van, pickup

2 I rode in a car, van, pickup



How many people were in the vehicle including yourself? _____ people

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F. How many vehicles are available for use by members of your household? (Including cars, vans, pick-ups, motorcycles.)

_____ vehicles

G. Is your permanent residence in the seven county Twin City metropolitan area?

1 Yes

2 No



METROPOLITAN COUNCIL 1990 TRAVEL BEHAVIOR INVENTORY EMPLOYER QUESTIONNAIRE

Number: _____

— All data is confidential —

(To be completed by contact person on the company's travel day)

1. Approximately how many square feet of space does your company/organization occupy at this location?
_____ square feet
2. How many shifts will your company/organization operate today? For each shift, please tell us when that shift starts, and when it ends. (PLEASE REMEMBER TO CIRCLE A.M. or P.M.)

First shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.
Second shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.
Third shift	From _____ : _____ a.m. or p.m.	To _____ : _____ a.m. or p.m.
3. How many full-time and part-time persons does your company/organization regularly employ at this location?

 _____ full-time _____ part-time
4. How many full-time and part-time employees came to work today?

 _____ full-time came to work today
 _____ part-time came to work today
5. How many full-time and part-time employees will be at work today on each shift?

<u>First shift:</u>	Full-time employees at work _____	Part-time employees at work _____
<u>Second shift:</u>	Full-time employees at work _____	Part-time employees at work _____
<u>Third shift:</u>	Full-time employees at work _____	Part-time employees at work _____
6. How many truck deliveries were made to your company today? (Note: Count only those deliveries made at a loading dock or back entrance, not through the front entrance.) _____ deliveries
7. Do all of your employees at this location park free of charge?
 1 Yes
 2 No ⇒ What percentage of your employees pay the full parking rates? _____ %
 What percentage of your employees get reduced parking rates? _____ %
8. Do you have any incentives or programs to encourage carpooling among your employees at this site?
 1 Yes 2 No

PLEASE PUT THIS QUESTIONNAIRE, ALONG WITH THE EMPLOYEE QUESTIONNAIRES AND VISITOR QUESTIONNAIRES, IN THE BOX PROVIDED

TBI ESTABLISHMENT #0278
INFORMATION SHEET

COMPANY NO.: 001 212

TRAVEL DATE: FRI, SEP 28

SIZE: 10 - 49 EMPLOYEES

TYPE: RETAIL

REGION: NON-CENTRAL/1ST RING CITIES

SPOKE WITH: LARRY PFUNDSTEIN

CONTACT PERSON: LARRY PFUNDSTEIN

NUMBER OF EMPLOYEES: 27

COMPANY: TRADEHOME SHOE STORES

NUMBER OF VISITORS: 6

ADDRESS: 429 NO PRIOR

NUMBER OF ENTRANCES: 1

CITY: ST. PAUL

TELEPHONE: 646-1345

BUSINESS HOURS: 800 A.M. TO 430 P.M.

PRE-TRAVEL DATE APPOINTMENT:

DIRECTIONS:

DRAW MAP BELOW SHOWING ANY ENTRANCES TO COMPANY (NOT COUNTING DELIVERY OR LOADING DOCK ENTRANCES) :

TIME	TOTAL NUMBER OF ENTERING PERSONS	TOTAL	NUMBER OF VISITOR SURVEYS	
			SEND	
7 AM-9 AM	13		VISITOR COMPLETED	4
9 AM-11 AM	17		EMPLOYEE COMPLETE	7
11 AM-12 NOON	21		BLANKS	
12 NOON-1 PM	25		NUMBER OF EMPLOYEE SURVEYS:	
1 PM-3 PM	29		SEND	5
3 PM-6 PM	33		COMPLETED	5
			COMPLETED USED	6
			BLANKS	6

NUMBER OF RESEARCHERS NEEDED ON TRAVEL DATE: _____

**TBI Establishment Study
(Recruit Survey)
#0278 - September, 1990**

DRAFT IV

NAME _____

COMPANY
NUMBER

--	--	--

COMPANY _____

ADDRESS _____

SIC _____

CITY _____ ZIP _____

TELEPHONE (____) _____

5. Hello, this is _____ calling on behalf of the Metropolitan Council. Your firm was recently sent a letter from the Metropolitan Council and the Minnesota Chamber of Commerce outlining a major transportation study involving businesses in the seven county metro area. Your firm has been selected to participate in this study which is being conducted for the purpose of planning highways and other transportation systems.
6. We would like you to serve as the contact person for your firm. Would this be a convenient time to ask you a few questions?
- 1 Yes - [CONTINUE]
2 No - [ASK FOR CALLBACK TIME OR TO SPEAK TO SOMEONE ELSE WHO THE CONTACT PERSON WILL DESIGNATE]

First, we need to get a little information about your company:

How many full-time AND part-time persons does your company or organization employ at this location? Please give me the number of full time people first.

7 _____ full time employees

7.5 _____ part time employees

[IF UNKNOWN, TRY FOR A RANGE. RECORD HIGH END ESTIMATE]

9. Approximately how many visitors or customers come to your business between 7:00 a.m. and 6:00 p.m.?

_____ Visitors

[IF UNKNOWN, TRY FOR A RANGE. RECORD HIGH END ESTIMATE]

- 9.5. For organizational purposes, we need to know how many entrances your company or organization has through which visitors or customers can enter. Please DO NOT count delivery entrances.

_____ Entrances

10. What are your normal business hours?

_____ 1 AM
2 PM
TO

_____ 1 AM
2 PM

13. We would like your TRAVEL DAY to be _____ (one week from today - excluding weekends).

Would you say that this day would represent an average weekday in terms of operation of your business? [IF NOT, YOU MAY CHANGE TRAVEL DATE TO ACCOMMODATE THE COMPANY]

15. We would like to have you designate a person on your staff who can help administer this study. Who would you designate to assist us? _____ The study will involve three different tasks:

1. First, we will want to have (assistant named) pass out questionnaires to **every employee**.

These questionnaires will take your employees less than 5 minutes to complete. They will complete them before they leave work on the travel day selected.

2. Second, we will want to have a researcher pass out questionnaires to visitors or customers who pass through your company on the travel day.

This questionnaire will take a visitor or customer less than 1 minute to complete.

3. And lastly, we will want a researcher to keep a tally of the number of visitors or customers you have on your travel day.

We will be able to send a researcher to your company to help you pass out visitor questionnaires and keep the tally of persons entering your company. The researcher will arrive at your company at _____ a.m. and stay till _____ p.m. [CHECK BACK TO THE COMPANY'S NORMAL BUSINESS HOURS]

[IF NO ASSISTANCE NEEDED]

Please understand that you will now be responsible for passing out surveys to visitors as well as keeping the tally of visitors on your travel day.

We will be delivering to you the packets of questionnaires along with instruction sheets and calling you back the day before your travel day to finalize details. After your travel day, please collect all surveys and put them in the box we will send to you. We will send a messenger to pick up all the materials by noon the day after your travel day.

To help you get set up on your travel day, we will send a researcher to your company for about an hour. This person will go over the instructions for each survey and answer any questions you may have.

Do you have any questions right now?

If you need to contact us, or have any additional questions after receiving the information, we have set up a **HOT-LINE** telephone number you can call during business hours. This number is 639-2235.

[IF MORE THAN ONE ENTRANCE, ASK Q16]

16. In order to get this project set up, we would like to make a visit to your company to meet with you and your designated project support person, and determine the number of researchers we will need to have at your company. In the next few days, when would be a convenient time for us to come to your company?

Date _____ Time _____

17. May I please have some specific directions to your company?

Thanks for your help. Someone will be at your office on (date) at (time) to meet with you and your assistant. In the mean time, should you have any questions, you can reach us at a HOT-LINE number we have set up for this project. This number is 639-2235, and is staffed during normal business hours.

[THANK RESPONDENT. END INTERVIEW]